



## Guardians of Northeast Iowa, Inc.

PO Box 107, Calmar, Iowa 52132-0107 Phone 712-898-9397 <http://guardiansofneia.org>  
A 501©(3) Non-Profit

### GUARDIANSHIP/CONSERVATORSHIP INTAKE FORM

Date \_\_\_\_\_

Your name, phone number, address, email \_\_\_\_\_  
\_\_\_\_\_

Your relationship to the person needing a guardian/conservator? \_\_\_\_\_

How were you referred to Guardians of Northeast Iowa Inc? \_\_\_\_\_  
\_\_\_\_\_

1. Full name of person who needs a guardian/conservator: \_\_\_\_\_  
\_\_\_\_\_

a. His/her residential address: \_\_\_\_\_  
\_\_\_\_\_

b. Telephone number: \_\_\_\_\_

c. His/her date of birth and place of birth: \_\_\_\_\_

d. His/her social security number: \_\_\_\_\_

e. His/her mailing address: \_\_\_\_\_

f. Emergency contact: (name, phone, relationship to person needing guardianship)  
\_\_\_\_\_

g. Case Manager: (Name & Phone) \_\_\_\_\_

h. Marital status: married \_\_\_\_\_ single \_\_\_\_\_ divorced \_\_\_\_\_

i. Currently Employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_  
\_\_\_\_\_

j. Ever pled guilty of convicted of misdemeanor or felony? If so, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE COMPLETE THE BELOW INFORMATION FOR THE PERSON NEEDING A GUARDIANSHIP/CONSERVATOR:

k. PARENTS

a. Full name of Mother (including maiden name): \_\_\_\_\_  
\_\_\_\_\_

b. Address of Mother: \_\_\_\_\_

c. Full name of Father: \_\_\_\_\_

d. Address of Father: \_\_\_\_\_

I. SPOUSE, if any

- a. Full name Spouse: \_\_\_\_\_
- b. Address of spouse: \_\_\_\_\_

m. CHILDREN, if any

- a. Full name(s) of children: \_\_\_\_\_
- b. Address of his/her children: \_\_\_\_\_
- c. Age(s) of his/her children: \_\_\_\_\_

n. GRANDPARENTS:

- a. Full Name of Maternal Grandmother: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Full Name of Maternal Grandfather: \_\_\_\_\_
- d. Address: \_\_\_\_\_
- e. Full Name of Paternal Grandmother: \_\_\_\_\_
- f. Address: \_\_\_\_\_
- g. Full Name of Paternal Grandfather: \_\_\_\_\_
- h. Address: \_\_\_\_\_

o. OTHER CLOSE RELATIVE (aunts, uncles, etc.)

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. Relationship: \_\_\_\_\_

2. Residence for past 6 months of person who needs a guardian/conservator and who resided with them: \_\_\_\_\_

3. Reason(s) why a guardian should be appointed:

4. Name and address of person's **current** guardian or conservator appointed in this or any other state: \_\_\_\_\_

5. Full name of physician and/or psychiatrist and address of the physician treating the person who needs a guardianship/conservatorship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Does this physician or psychiatrist support the guardianship/conservatorship? \_\_\_\_\_
7. What types of health insurance, if any, do they have? \_\_\_\_\_
8. What is the person needing guardianship' diagnosis? \_\_\_\_\_  
\_\_\_\_\_
9. Have they been hospitalized for psychiatric issues? If so, when? \_\_\_\_\_  
\_\_\_\_\_
10. Please provide a list of person needing guardianship's medications. \_\_\_\_\_  
\_\_\_\_\_
11. Has the person needing a guardian/conservator executed a Health Care Proxy (living will), financial Power of Attorney or a Will? \_\_\_\_\_  
\_\_\_\_\_
12. List the names and addresses of all interested persons who will need notice of the pending guardianship/conservatorship, if not already listed as relatives above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Name and contact information of person's **current** representative payee if they have one:  
\_\_\_\_\_  
\_\_\_\_\_
14. Complete listing of assets for person who needs guardianship/conservator:  
a. Real estate: (include address & legal description) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. Bank and Savings Accounts: (include location of bank account, address, and current balance of account) \_\_\_\_\_  
\_\_\_\_\_  
c. Certificates of Deposit: \_\_\_\_\_  
d. Stocks and Bonds: \_\_\_\_\_

- e. Vehicles: \_\_\_\_\_
- f. Household goods and furnishings: \_\_\_\_\_  
\_\_\_\_\_
- g. Other: \_\_\_\_\_

15. Income of person who needs guardianship/conservator assets:

- a. Social Security: \_\_\_\_\_
- b. Supplemental Security Income: \_\_\_\_\_
- c. Veterans Administration Benefits: \_\_\_\_\_
- d. Company Pension: \_\_\_\_\_
- e. Interest: \_\_\_\_\_
- f. Other: \_\_\_\_\_